

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** *Goliad Housing Authority*

**PHA Number:** *TX59P510*

**PHA Fiscal Year Beginning:** *October 1, 2003*

**PHA Plan Contact Information:**

Name: Barbara Trevino

Pat Smith

Phone: (361) 645 - 2774

(361) 986 - 8989

Email (if available): patsmiscs@aol.com

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ Main administrative office of the local, county or State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA  
☐ PHA development management offices  
☐ Other (list below)

**PHA Programs Administered:**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

## Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

### Contents

#### Annual Plan

- i. Executive Summary (optional)
- ii. Annual Plan Information
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  - 2. Capital Improvement Needs
  - 3. Demolition and Disposition
  - 4. Homeownership: Voucher Homeownership Program
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    - A. Resident Advisory Board Consultation Process
    - B. Statement of Consistency with Consolidated Plan
    - C. Criteria for Substantial Deviations and Significant Amendments

#### Attachments

- ☒ Attachment **A**: Supporting Documents Available for Review
- ☒ Attachment **B**: Capital Fund Program Annual Statement
- ☒ Attachment **C**: Capital Fund Program 5 Year Action Plan
- ☐ Attachment: Capital Fund Program Replacement Housing Factor Annual Statement
- ☐ Attachment: Public Housing Drug Elimination Program (PHDEP) Plan
- ☒ Attachment **D**: Resident Membership on PHA Board or Governing Body
- ☒ Attachment **E**: Membership of Resident Advisory Board or Boards
- ☐ Attachment: Comments of Resident Advisory Board or Boards & Explanation of PH Response (must be attached if not included in PHA Plan text)
- ☒ Attachment **F**: Brief Statement of Progress in Meeting The 5 - Year Plan Mission & Goals
- ☐ Attachment **G**: Performance & Evaluation Report - FY 2002

## ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### 1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

*There are no policy or program changes anticipated for the upcoming year which were discussed in last year's PHA Plan that are not covered in other sections of this plan*

### 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$96,967.00

C. ☐ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### (1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment "C"

#### (2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment "B"

### 3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition	<input type="checkbox"/>
Disposition	<input type="checkbox"/>
3. Application status (select one)	
Approved	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Relocation resources (select all that apply)	
<input type="checkbox"/> Section 8 for units	
<input type="checkbox"/> Public housing for units	
<input type="checkbox"/> Preference for admission to other public housing or section 8	
<input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Actual or projected start date of relocation activities:	
c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 90.3.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year?
- \$ \_\_\_\_\_
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.79(r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are as follows
  1. *Ceiling fan installation in the elderly units*
  2. *Victory Garden for each unit*
  3. *Upgrade playground/parks*
  4. *Improvements to laundry facility.*

3. In what manner did the PHA address those comments? (select all that apply)

- ☒ The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

- ☒ Yes ☐ No: below

*The installation of ceiling fans in the elderly units, playground upgrades and laundry room improvements will be accomplished as a capital item under the Authority's Capital Fund Program in a future year.*

☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: **State of Texas**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments:

**The Housing Authority does not receive support from the State of Texas in either actions or commitments**

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

*The PHA will consider substantial deviations from the 5-Year Plan as a fundamental shift in the agency's long-range goals & objectives.*

#### B. Significant Amendment or Modification to the Annual Plan:

*The PHA will consider significant amendments or modifications to the Annual Plan as follows:*

1. *Changes to rent or admissions policies or organization of the waiting list;*
2. *Additions of non-emergency work items to the Capital Funds Program;*
3. *Any change with regard to demolition or disposition, designation, home ownership programs or conversion activities;*
4. *Changes due to HUD regulatory requirements will not be considered under this definition.*

## Attachment A

### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
On Display	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
On Display	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
On Display	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, has addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
On Display	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
On Display	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
On Display	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> Check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
On Display	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
On Display	Schedule of flat rents offered each public housing development <input type="checkbox"/> Check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
On Display	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
On Display	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
On Display	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
On Display	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
On Display	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
On Display	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
On Display	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
On Display	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy	Pet Policy
N/A	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

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### Part 1: Summary

<b>PHAName</b> <p style="text-align: center;">Goliad Housing Authority</p>		<b>Grant Type and Number</b> Capital Fund Program : TX59P51050103 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <p style="text-align: center;">FY2003</p>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	5,000.00			
3	1408 Management Improvements	3,065.00			
4	1410 Administration	5,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	5,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	10,000.00			
10	1460 Dwelling Structures	61,902.00			
11	1465.1 Dwelling Equipment — Nonexpendable	4,000.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	3,000.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1498 Mod Used for Development	0.00			
19	1502 Contingency	96,967.00			
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Goliad Housing Authority</b>		Grant Type and Number Capital Fund Program: <b>TX59P51050103</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>FY2003</b>		
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
H/A Wide	Operations	1406	1	5,000.00				
H/A Wide	Management Improvements							
	Upgrade Computer Software	1408	1	2,500.00				
	Management Training	1408	1	1,500.00				
	Maintenance Training	1408	1	1,000.00				
H/A Wide	Administration							
	Prorate Salaries & Benefits	1410	1	4,500.00				
	Annual Plan Preparation	1410	1	500.00				
H/A Wide	Fees & Costs							
	A & E Fees	1430	1	4,500.00				
	Printing Costs	1430	1	500.00				
H/A Wide	Site Improvements							
	Improve Site Drainage	1450	1	5,000.00				
	Install/Repair Sidewalks	1450	1	5,000.00				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <i>Goliad Housing Authority</i>		Grant Type and Number Capital Fund Program#: <i>TX59P51050103</i> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant:  <i>FY2003</i>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
H/A Wide	Dwelling Structures							
	Replace Storage Room Doors	1460	30	12,500.00				
	Replace Kitchen Fixtures	1460	15	45,000.00				
	Install Floor Tile	1460	15	4,402.00				
H/A Wide	Dwelling Equipment							
	Replace Ranges	1465	6	2,000.00				
	Replace Refrigerators	1465	5	2,000.00				
H/A Wide	Non Dwelling Equipment							
	Replace Lawn & Garden Equipment	1475	3	1,000.00				
	Upgrade Computer System	1475	1	2,000.00				









# Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information in the Capital Fund Program Annual Statement.

CFP5 -YearActionPlan		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
TX510	GoliadHousingAuthority	
Sitelmprovements		
UpgradeParks&Playgrounds	5,000.00	FY2004 –Fy2007
Repair/InstallSidewalks	13,000.00	FY2004 –Fy2007
Repair/ReplaceParkingAreas	12,000.00	FY2004 –Fy2007
Landscaping	5,000.00	FY2004 –Fy2007
UpgradeSewerSystem	25,000.00	FY2004 –Fy2007
UpgradeGasSystem	25,000.00	FY2004 –Fy2007
UpgradeWaterSystem	12,500.00	FY2004 –Fy2007
ImproveSiteDrainage	5,000.00	FY2004 –Fy2007
DwellingStructures		
ReplaceKitchenCabinets&CounterTops	20,000.00	FY2004 –Fy2007
ReplaceRangeHoods	2,500.00	FY2004 –Fy2007
ReplacePlumbingFixtures	10,000.00	FY2004 –Fy2007
ReplacetubsandTubSurrounds	9,000.00	FY2004 –Fy2007
ReplaceFloorTile	15,000.00	FY2004 –Fy2007
ReplaceInterior Doors	5,000.00	FY2004 –Fy2007
PaintInteriors	12,500.00	FY200 4 –Fy2007
ReplaceExteriorEntryDoors	7,500.00	FY2004 –Fy2007
ReplaceStorageRoomDoors	5,000.00	FY2004 –Fy2007
Totalestimatedcostovernext5years	184,000.00	

5,000.00

13,000.00

12,000.00

5,000.00

25,000.00

25,000.00

12,500.00

5,000.00

20,000.00

2,500.00

10,000.00

9,000.00

15,000.00

5,000.00

12,500.00

7,500.00

5,000.00

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

FY2004 -FY2007

## Capital Fund Program 5 - Year Capital Fund Five Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX 510	Goliad Housing Authority	
<b>Dwelling Structures (Con't)</b>		
Replace Deteriorated Facia Board	3,000.00	FY2004 -FY2007
Replace Deteriorated Siding	6,000.00	FY2004 -FY2007
Install Vinyl/Alum Soffit & Facia Cover	15,000.00	FY2004 -FY2007
Replace Water Heaters	6,500.00	FY2004 -FY2007
<b>Dwelling Equipment</b>		
Replace Ranges	2,500.00	FY2004 -FY2007
Replace Refrigerators	3,500.00	FY2004 -FY2007
<b>Non Dwelling Equipment</b>		
Upgrade Computer Equipment	1,500.00	FY2004 -FY2007
Lawn & Garden Equipment	1,500.00	FY2004 -FY2007
Total estimated cost over next 5 years		39,500.00

### Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>CFP5 - Year Action Plan</b> <input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
TX59P510	Goliad Housing Authority	
<b>Total estimated cost over next 5 years</b>		

## PHA Public Housing Drug Elimination Program Plan

**Note:** THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

### Section 1: General Information/History

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_ **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

### **E. Target Areas**

Complete the following table by indicating each PHDEPT target Area (development or site where activities will be conducted), the total number of units in each PHDEPT target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEPT Target Areas (Name of development(s) or site)	Total # of Units within the PHDEPT Target Area(s)	Total Population to be Served within the PHDEPT Target Area(s)

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

## B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

## C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement		Total PHDEP Funding: \$
Goal(s)		
Objectives		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPH DEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybac kTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							



9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

## Required Attachment C: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

*Jesse Comfort*

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☒ Appointed

C. The term of appointment is (include the date term expires):

*May 20, 2003 thru May 19, 2005*  
*2 Years*

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

C. Date of next term expiration of governing board member:

*May 19, 2005*

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

*William Schaefer*  
*Mayor*  
*City of Goliad*

**Required Attachment D:**  
**Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

*Anna Gonzalez*

*Jeff Starr*

*Linda Steptoe*

**REQUIRED ATTACHMENT E: BRIEF STATEMENT OF PROGRESS IN  
MEETING 5-YEAR PLAN MISSION & GOALS**

**5-YEAR PLAN  
PHAF ISCAL YEARS 2000 -2004**  
[24CFR Part 903.5]

**A. Mission**

- ☒ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☐ The PHA's mission is: (state mission here)

**B. Goals**

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

PHA Goal: Expand the supply of assisted housing

Objectives:

- ☐ Apply for additional rental vouchers:
- ☒ Reduce public housing vacancies:
- ☐ Leverage private or other public funds to create additional housing opportunities:
- ☐ Other (list below)

PHA Goal: Improve the quality of assisted housing

Objectives:

- ☒ Improve public housing management: (PHA Score)
- ☒ Improve voucher management: (SEMA Score)
- ☒ Increase customer satisfaction:
- ☒ Concentrate one effort to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:

- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

PHA Goal: Increase assisted housing choices

Objectives:

- ☐ Provide voucher mobility counseling:
- ☐ Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

PHA Goal: Provide an improved living environment

Objectives:

- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☒ Implement public housing security improvements:
- ☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☒ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability:
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)



**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

## Required Attachment G: Voluntary Conversion Initial Assessments

### Component 10(B)

- a. How many of the PHA's developments are subject to the Required Initial Assessments?  
*One*
- b. How many of the HA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?  
*One*

- c. How many assessments were conducted for the PHA's covered developments

*None – The Goliad Housing Authority has only one mixed development ( part family, part elderly)*

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessment?

<u>Development Name</u>	<u>Number of Units</u>
-------------------------	------------------------

- d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.



# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part 1: Summary

<b>PHAName</b> Goli9adHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgram :TX59P51050102 CapitalFundProgram ReplacementHousingFactorGrantNo:		<b>FederalFYofG rant:</b>  <b>FY2002</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	5,000.00		5,000.00	5,000.00
3	1408 Management Improvements	3,065.00		983.99	983.99
4	1410 Administration	5,000.00		764.22	764.22
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	5,000.00		1,000.00	1,000.00
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	10,000.00			
10	1460 Dwelling Structures	56,902.00		5667.36	5667.36
11	1465.1 Dwelling Equipment — Nonexpendable	4,000.00		3,863.00	3,863.00
12	1470 Non dwelling Structures	7,000.00		150.00	150.00
13	1475 Non dwelling Equipment	1,000.00		174.34	174.34
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1498 Mod Used for Development	0.00			
19	1502 Contingency	96,967.00		17,602.81	17,602.81
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Goliad Housing Authority</b>		Grant Type and Number Capital Fund Program: <b>TX59P51050102</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>FY2002</b>		
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
H/A Wide	Operations	1406	1	5,000.00		5,000.00	5,000.00	Complete
H/A Wide	Management Improvements							
	Upgrade Computer Software	1408	1	750.00				
	Management Training	1408	1	750.00		983.99	983.99	In Progress
	Maintenance Training	1408	1	1,565.00				
H/A Wide	Administration							
	Prorate Salaries & Benefits	1410	1	4,500.00		764.24	764.24	In Progress
	Annual Plan Preparation	1410	1	500.00				
H/A Wide	Fees & Costs							
	A & E Fees	1430	1	4,500.00		1,000.00	1,000.00	In Progress
	Printing Costs	1430	1	500.00				
H/A Wide	Site Improvements							
	Landscaping/Fencing	1450	1	10,000.00				Pending

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <i>Goliad Housing Authority</i>		Grant Type and Number Capital Fund Program#: <i>TX59P51050102</i> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant:  <i>FY2002</i>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
H/A Wide	Dwelling Structures							
	Screen Door Replacement	1460	58	10,000.00				Pending
	Rehab Units	1460	58	46,902.00		5,667.36	5,667.36	In Progress
H/A Wide	Dwelling Equipment							
	Replace Ranges	1465	6	2,000.00		1,863.00	1,863.00	In Progress
	Replace Refrigerators	1465	5	2,000.00		2,000.00	2,000.00	Complete
H/A Wide	NonDwelling Structures							
	Install Community Room	1470	1	7,000.00		150.00	150.00	In Progress
	NonDwelling Equipment							
	Replace Lawn & Garden Equipment	1475	3	1,000.00		174.34	174.34	In Progress

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

